National Collaborating Centre for Infectious Diseases

Partner Notification for STBBI: Why, for whom and how?

Deciding on Useful Products and Tools for Public Health Practitioners

Proceedings from a Knowledge Exchange Forum

March 4 and 5, 2013
Montreal, Quebec

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Executive Summary

Partner notification (PN) is one of the most commonly practiced interventions for the prevention and control of sexually-transmitted and blood-borne infections (STBBI) in public health. Despite ongoing efforts and resources dedicated to partner notification (PN), its effectiveness in reducing the incidence STBBI remains unclear. Over the years the National Collaborating Centre for Infectious Diseases (NCCID) has been working on projects to review the evidence available on the effectiveness and efficiency of partner notification in preventing and controlling the spread of STBBIs in Canada.

On March 4 and 5, 2013, the NCCID brought together fifty-two people from federal, provincial/territorial and regional public health jurisdictions as well as various professional organizations and universities, for a two-day knowledge exchange forum to begin to prioritize issues, and to assess the knowledge gaps and other knowledge translation needs related to PN. The goal of this consultation, entitled "Partner Notification for STBBI: Why, for Whom and How? Deciding on Useful Products and Tools for Public Health Practitioners", was to gather input on the type of knowledge products that would be useful to public health practitioners.

Working from a list of issues that were identified in pre-forum materials, the participants in the knowledge exchange forum deliberated and worked together to specify what the underlying challenges were. By the end of the two days the group had also developed ideas of what needs to be done to take action on these challenges.

The discussions and suggestions on potential solutions and knowledge products for these priority issues will inform the future work in the area of partner notification that can be undertaken by NCCID and our colleagues.

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1. Background

The National Collaborating Centre for Infectious Diseases (NCCID) is one of six National Collaborating Centres for Public Health established and funded by the Public Health Agency of Canada (PHAC). NCCID is hosted by the International Centre for Infectious Diseases (ICID), located in Winnipeg, Manitoba.

The mission of NCCID is *to facilitate the use of evidence and emerging research on infectious diseases to inform public health programs and policy*. The primary functions of NCCID are:

- Identification of knowledge gaps in research and practice
- Knowledge synthesis, translation and exchange to incorporate evidence from research and experience into policy and practice.

Partner notification is one of the most commonly practiced interventions for the prevention and control of sexually-transmitted and blood-borne infections (STBBI) in public health. Despite ongoing effort and resources dedicated to partner notification however, its effectiveness in reducing the incidence of STBBI remains unclear.

Over the years, NCCID has been working on projects to examine the effectiveness and efficiency of partner notification in preventing and controlling the spread of STBBIs in Canada.

On March 4 and 5, 2013, NCCID brought together more than 50 people from federal, provincial/territorial and regional public health jurisdictions as well as various professional organization and universities, for a two-day consultation to prioritize these issues, and to assess the knowledge gaps and other knowledge translation needs related to PN. The goal of this forum, entitled "*Partner Notification for STBBI: Why, for whom and how? Deciding on Useful Products and Tools for Public Health Practitioners*", was to gather input on the type of knowledge products that would be useful to public health practitioners.

The knowledge exchange forum hosted by NCCID March 4-5, 2013 in Montreal provided an opportunity for open discussion with public health practitioners and researchers on how best to address challenges related to STBBI partner notification. As a part of the meeting, NCCID was also able to share recent project findings with participants.

2. Setting the Stage

The purpose of the two-day event was:

> To provide a forum for information exchange and open discussion between public health practitioners and researchers on how current knowledge on STBBI partner notification could be incorporated into practice and how outstanding knowledge gaps could be addressed.

The objectives of this knowledge exchange forum were:

1. To provide participants with an overview of NCCID's STBBI partner notification project and findings to date
2. To provide participants with opportunities to exchange information and ideas on partner notification strategies that have been attempted in local public health jurisdictions
3. To identify ways to incorporate knowledge from research and local experience into practice and policy
4. To identify knowledge gaps related to STBBI partner notification and ways to address them
5. To identify a potential role and next steps for NCCID to facilitate the improvement of STBBI partner notification programs in Canada

The final agenda for the knowledge exchange forum can be found in Appendix A. Participants at the event included representatives from PHAC, Health Canada First Nations Inuit Health, Canadian Public Health Association, provincial/territorial ministries of health and public health agencies, regional/local public health jurisdictions, as well as researchers from a number of universities. For the complete list of participants, see Appendix B.

Five presentations were made to participants to help set the stage on the first morning. The first four presentations were summaries of the findings to-date from evidence reviews commissioned by NCCID in the preceding year, on the following topics:

- A history of partner notification in North America – presented by Omobola Sobanjo
- Partner notification for Chlamydia – presented by Pamela Leece
- Partner notification for HIV – presented by Nicole Findlay
- New technologies for partner notification – presented by Mayank Singal

The fifth presentation, made by Ashleigh Tuite was entitled "Agent-based modelling of *Chlamydia trachomatis* transmission in a Canadian subpopulation". All of these papers will be available in full from NCCID later in 2013.[1]

[1] Note: The historical paper will not be available. For more information on Partner Notification see www.nccid.ca

3. Knowledge Exchange Results

3.1 Top issues from the participants – discussions following the virtual round table

To initiate the discussions in the knowledge exchange forum, NCCID sent participants a list of potential priority issues and the participants were asked to rank the list related to STBBI partner notification in their jurisdictions and provide additional comments. In this virtual "round table" participants answered the questions, identifying the most pressing issues. The full compilation of the results of the round table can be found in Appendix C.

In the afternoon of the first day participants had a chance to share their issues in a larger group. The most pressing issues were summarized at the end of the day in the following way:

Top Problems in Partner Notification

Issue	Specifics
Difficulty obtaining identifiable & locatable partner contacts	Cases can't/won't remember: partial identification, anonymous contacts, or case refused to name contacts
How do we obtain and allocate resources in general for PN?	• Appropriate resources for appropriate level of service • Time management and dedicated PHN FTEs. • Vast geography/mobile populations/cross jurisdictional issues • Effectiveness of PN • Public health nurses working only during daytime. Difficulty reaching school-aged kids during business hours
Review the appropriateness of general PN for *Chlamydia* and consider priority circumstances and populations for PN	• Volume of *Chlamydia* cases. PHN notification of *Chlamydia* contacts is unsustainable and not shown to be effective. Defining goals and strategy is challenging (Focus on those more likely to experience negative sequelae? Or those in sexual networks with high rates? Or health inequalities?) Lack of evidence to inform program decisions.
Clarification of roles and responsibilities between public health and primary care, and between generalists and specialists	• The right mix of professionals doing PN • PN being done by non-medical personnel, e.g. DIS? • Some health care providers don't recognize that the care provider to the case is not always in the best position to provide partner notification and that public health nursing can provide that service in a more comprehensive way. Active outreach to testing providers is reducing this perception, but it remains with some.
How to address conflict between primary care and public health perspectives on PN	• Varying levels of collaboration from some practitioners who see public health intervention as intrusive

	• Cases seen anonymously at certain urban clinics that collaborate poorly with public health
Lack of specific provincial guidelines / performance standards / guidance on ethical and legal dilemmas	• Clarify the relationship between guidelines and expected practice
Ways to assess and mitigate repercussions as a result of PN	• Attitudes to HIV partner notification can vary between and within different communities, but stigma around HIV, fear of reputational damage and fear of criminalization appear to be significant themes • HIV specific stigma • For small First nation communities there are concerns around confidentiality
Lack of policies and guidelines for use of social media for PN	• Unable to locate casual / anonymous partners (e.g. those met via online dating services). Organizations' privacy policy limit the use of social media (e-mail and prohibits use of texting and Facebook. No policies or procedures for use of social media to conduct online partner notification and are restricted from all social media tools and sites in participants' work places
Need culturally sensitive approaches to PN for ethnic populations	• One community also received approval from their local public health authority to adapt provincial forms to be more culturally appropriate in a First Nations setting
Access to primary care services	• Testing and treatment of contacts • Test- and treat?
How do we do better at choosing appropriate indicators for program evaluation and for cross-jurisdictional comparison	• Difficulty following up on notification results and little validated information on process results (Number of screened partners who have received epidemiological treatment). • "knowledge generating practice" • Appropriate indicators (standard indicators from PHAC?)
Prompts for re-engagement with HIV cases regarding safe sex practice	
Identifying priorities for training & working with agencies that offer these resources	• Training program: QC, BCCDC, online modules, DIS
Education for community regarding partner notification, screening and testing of high risk groups	
Work with high risk groups to identify their own priorities for STI intervention	• Ask marginalized groups how they would want to work with us and to support them in STI efforts
Reviewing and clarifying the goals and objectives of PN	• Revisiting the "why" question: are we clear on the purpose of partner notification, why do we need

	partner notification? Broader goals and purposes of PN that we should consider. Within the more traditional disease domain do we need more evidence to prioritize PN programs? How do we make use of that evidence?
Need better data management for evaluation research	• Panorama, iPhis, electronic health records
Point prevalence study for Chlamydia in Canada	
How do we partner with online dating sites to create tools for notifying anonymous contacts?	
PID study in jurisdictions with no Chlamydia PN to understand the natural history of Chlamydia infection	

3.2 Plenary discussion: Where do we go from here?

Following a recap of the discussions of the day before, Day 2 of the knowledge exchange forum was used to discuss the next steps, first in a plenary discussion and then in smaller breakout groups (see below).

In the plenary session, participants provided their perspectives on the issues to further break down each area into discreet modular topics, and in some cases with corresponding potential solutions.

Issue	Specifics / Solutions
Lack of specific provincial guidelines / performance standards / guidance on ethical and legal dilemmas	• Clarify the relationship between guidelines and expected practice
Lack of policies and guidelines for use of social media for PN	• Develop principles / policies /guidelines ethical guidance • Privacy impact assessments
Identifying priorities for training and working with agencies that offer these resources	• Training program: QC, BCCDC, Online modules, DIS
Review the appropriateness of general PN for Chlamydia and consider priority circumstances and populations for PN	• Assess proportion of CT identified through PN and analyze by demographics • Do PN for priority cases and evaluate • Not clear from evidence who is likely to get PCD, where are infant cases? No opportunity to intervene when you only follow pregnant women – challenge the assumption that following pregnant women is useful • If not possible to randomize jurisdictions, do a comparative study of what is already being done right now (compare outcomes) especially with downstream sequelae (e.g. PID) • Comparative research (4 arms): no PN v status quo vs. just doing priority cases vs. expanded approach • Health equity relationship to vulnerable population most likely to suffer sequelae (targets for program)

	• Tools for provider referrals maybe to switch to patient referral to reduce workload on nurses, and evaluation • Maximize sources of existing data (e.g. CIHI) in terms of research this issue. Input from PH to shape research questions according to policy needs

How do we do better at choosing appropriate indicators for program evaluation and for cross-jurisdictional comparison	• Difficulty following up on notification results and little validated information on process results
	• Knowledge generating practice
	• Appropriate indicators
	  o Identify from the literature a list of indicators, come back to participants and poll them to see if they are possible to use as measurements for all jurisdictions What combination of indicators would best reflect on the program we have in place in each of our jurisdictions?
	  o Need to be clear on program goals and logic model before deciding on indicators. This connected to the "why are we doing this?" questions – need to heave overarching big goal before you can decide indicators
	  o Figure out volume of CT testing, prioritization based on Guelph method
	  o Use data collection forms to infer indicators from other jurisdictions rather than starting from scratch to create indicators
	  o Program level indicators vs. research-based indicators (need to be simple to use an interpret)
	  o Need FPT support for cross-jurisdictional comparison (accountability)

Reviewing and clarifying the goals and objectives of PN	• Revisiting the "why" question: are we clear on the purpose of PN, why do we need PN? Broader goals and purposes of PN that we should consider. Within the more traditional disease domain do we need more evidence to prioritize PN programs? How do we make use of that evidence?
	  o Already know goals and objectives for PN – need to go further
	  o Nor clear for *Chlamydia* that PN reduces the spread, have to ask why we are spending $ when the benefit is minimal. Lack of evidence that PN reduces spread, and that it reduces PID. Challenge whether *Chlamydia* should be reportable (this problem relates mainly to *Chlamydia* – PN is good for other STIs)

	◦ Prioritize which disease we need to do PN for, and who needs to do it. For CT we can leave to clients whereas for others we leave it to public health ◦ Can we have evidence to say which referral method is best for which diseases ◦ Evidence of effectiveness for any intervention, including what is currently being done. If PH not making an impact, stop and do something else or get someone else to do it that can be more effective (ecological study above) Important to compare diseases and practice ◦ Look at guidelines in place and identify the parts that were "just made up" e.g. look back 2 months – why? Where is the evidence? Find the arbitrary comments and do not state "in the absence of evidence we will do this" or "by convention" ◦ Reportability of CT vs doing PN
How do we partner with online dating sites to create tools for notifying anonymous contacts	• Have to pay them money • Need to coach clients (motivation, creativity, courage on client and nurses' part) • Policy/protocol about how we are going to use the site to convince them that we will use their site properly – e.g. man hunt is allowing this now but asks PH department for policy on how you will use their site, e.g. how you will maintain privacy, craft messages, etc. (clients of the site are not opposed to this) • What have others done (e.g. US, UK – GMFA, NGO in the UK) • Re: policy – tell website owners that if they are worried about losing customers they can give people the option not to be contacted about STIs through the site • Standard national agreement that could be brought to these websites (explains intent, purpose, standard approach) as a starting point (which can be amended through partnership conversations with website). • National point person to establish relationship with those websites, have some idea of what you see as a standard and as a tool, then each province can use it (will have a better chance re: cooperation of websites) • Anticipate what is the future, where do things need to go (re: review of national legislation/policies) – need rules for how this type of new communication should happen • Engage grass roots groups to work with the sites • Heavy handed approaches to policy backfire, use anonymity of social media sites to your advantage. • Research: What is relationship between social media

	and disease spread? • These websites are businesses – there is a "what's in it for me" side to this – can get data from these websites? Mutually beneficial agreements – build relationships with these entities. Syphilis risk correlated with craigslist ads (can access free) – have to be creative with ways to get free research data.

3.3 Breakout session: What are the important elements that should be included in the identified solutions?

Participants were assigned to one of seven breakout groups. Each breakout group was asked to further deliberate on the proposed topics for action for each issue group in terms of their feasibility given the mandate of NCCID, and to describe concrete activities that might be undertaken. Each breakout group was also asked to suggest potential partners and collaborators who should be involved in the planning and execution of these activities. Individual breakout discussions were recorded on a standard template. The following is a brief summary of discussion at each breakout table.

GROUP #1

Identifying priorities for training and working with agencies that offer these resources e.g. QC, BCCDC, online modules, DIS
What are the objectives and expected solution?
<u>Objectives</u> 1. To develop a national standardized model related to partner notification, adjustable to each jurisdiction 2. To be accessible nationally by any providers involved in STI/BBI screening, management, partner notification, including but not limited to public health, primary care providers, researchers, academic institutions 3. To monitor quality assurance related to partner notification <u>Expected outcomes</u> 1. Development of online modules related to STI/BBI partner notification • general STI/BBI module including local legislation, basic pathophysiology, epidemiology • additional module(s) for case management content, specific to disease and priorities, and including motivational interviewing • module related to self-assessment on personal attitudes, values, beliefs related to STI/BBI 2. Indicators for successful training i.e. pass/fail rate, ongoing mentoring and support of trainees, access per discipline/group 3. Indicators to measure effectiveness of partner notification • Success rate of PN i.e. number notified over number named, number of contacts who test positive over number of contacts notified, number of contacts who present to public health clinics for assessment/treatment, achievement of specific number of partners elicited per case (disease specific) • Cost effectiveness of PN

What are some specific elements that this solution should include in the production process and the final product?
<u>Production process</u> 1. Online sharing of resources developed by jurisdictions (i.e. manuals, policies, best practices) 2. Review and inclusion of available evidence 3. Set up of advisory committee from NCCID with diverse representation from groups and jurisdictions across country 4. Pilot testing of PN training module <u>Final Product</u> A synthesis of current evidence and practice, with online training module for PN useful to clinicians and public health practitioners, with review/revision cycle
How should the solution be carried out? Who should be consulted/involved in the process?
• Consultation held at each phase of development and dissemination • Public health – from all levels • Private practitioners, i.e. primary care providers, infectious disease specialists, Ob/Gyn • Community agencies/organizations • Policy makers • Colleges and associations • Universities/researchers
How should the final product be disseminated?
• Via NCCID supported website • Through communication plan per jurisdiction • Through "roadshow" by NCCID, journal articles – with involvement of local subject matter experts • Online dialogue forum for exchange, discussion, feedback • Webinars, community meetings

GROUP #2

How do we do better at choosing appropriate indicators for program evaluation and for cross-jurisdictional comparisons?
What are the objectives and expected outcomes of the selected solution?

<u>Objectives</u>
• What are current indicators of "success"? We are interested in STI control, rather than PN/CT itself.
    o Current emphasis is on process indicators rather than disease indicators! Ontario: quality indicator = time from diagnosis to data entry. NB: time from case seen until case closed.
    o Disease-specific indicators: prevalence, incidence, drug susceptibility, sequelae, fraction of cases "found" via PN.
        ▪ Thresholds for change of approach…epidemic vs. endemic.
        ▪ Contacts: 10-12% positivity in Sask and BC.
• Indicators need to account for changing technologies and test practices (e.g., with introduction of PCR chlamydia "incidence" rose sharply).
• Would want to be able to infer cause-effect relationships between programmatic changes and "indicators", but programs are bundled, so tricky.
• Which indicators are achievable, which indicators are important? Is there a difference between "individual-level" and "population-level" indicators?

- Some possible indicators:
    - PROCESS: Efficiency of CT/PN (how many per case, fraction (+) per patient), time to report, time to close cases.
    - DISEASE: Prevalence, sequelae, costs.
- Could we do a national inventory of indicators?
- Indicators of quality for different STI will differ.
    - E.g., early diagnosis for HIV, stage for syphilis.

Expected outcomes
- Establishment of standard national definitions of “success”, allows cross-jurisdictional comparison.
- Understanding relationship between various indicators and disease trends will help create “practice-generated knowledge”.
- Quality improvement approach: PLAN→DO→STUDY→ACT.
    - E.g., CDC recommendations on HIV: built-in threshold. Test UNTIL your incidence < 1/1000.
    - “Our goal should be to put ourselves out of business”
- Indicator should be a real-time guide to our activities, need to be dynamic.

What are some specific elements that this solution should include in the production process and the final product?

Production process
- National inventory of indicators as above.
- Indicators linked to intervention (or cessation of intervention): thresholds as mentioned above.
- One reasonable outcome indicator for CT = PID incidence. Data are available quasi-nationally (DAD, NACRS, Quebec RAMQ?).
- Perhaps start with sentinel locales where impactful data are readily available and useable.
    - This should probably not be a democratic process…☹.

Final Product
- Indicators need to be EITHER evidence-based or evidence-generating!!

How should the solution be carried out? Who should be consulted/involved in the process?

- FPT PH authorities.
- Especially PH nurses and docs operating at the level of individual jurisdictions (situational awareness). Front-line PHN and DIS. (“We need to get real”).
    - Theory and practice are the same in theory, but in practice they’re different. (Fred Brauer, UBC)
- LABS: Not just PHL’s, but also commercial labs.
- Clinical community.
- Quantitative experts, (mathematics and stats folks, economists).

How should the final product be disseminated?

- Deferred.

GROUP #3

Reviewing and clarifying the goals and objectives of PN; Revisiting the “why” question

What are the objectives and expected outcomes of the selected solution?

Objectives

Define specific objectives of PN for each STI, adapted to regional epidemiology and taking into account characteristics of targeted populations.

What does it accomplish? Where is it most effective, and where does it make sense to do PN? What form of PN is most appropriate?

Evidence review of PN – what does it mean in practical terms? (i.e., what are the implications for PH practice?)

Note: Not just looking at reducing transmission but what is the goal of PN for that specific disease. For example, HIV – early diagnosis and link to treatment. Syphilis-lifelong disability of neuro-syphilis and link to HIV. Chlamydia? What is research and evidence showing around CT?

Expected outcomes

Identify the right tool/intervention (i.e.: education/outreach) that will permit reaching the desired objective; enhanced PN as opposed to general screening for targeted populations in some circumstances.

Possibly useful to set up algorithms, statement or guidelines (with discussion).

What are some specific elements that this solution should include in the production process and the final product?

Production process
Link with the team at PHAC (previous symposium in 2011 has addressed this discussion/objective). As well, link with the PN review underway by NCCID.
What is the conclusion from the discussion from the symposium. There may be things already done.

Analyze from the information already gathered from each province and region.

Gather what is currently being done in the UK and new York.

Final Product
Partner notification decision support tool.
An algorithm to help decide what partner notification can do in certain circumstances.
The tool or algorithm could be used to help put prevention into primary care and support providers in this work (i.e.: Chlamydia PN).

How should the solution be carried out? Who should be consulted/involved in the process?

Have key stakeholders form a working group to help decide which decisions/guidelines should be implemented for their jurisdictions. Then engage the frontline for more concrete strategies for putting broader decisions/guidelines into action.

How should the final product be disseminated?

Disseminate from NCCID.
Bring to an open discussion (forum/conference) and flesh out concrete ways for implementation.

GROUP #4

Lack of policies/guidelines in social media for PN

Solution / Activity :

- NCCID should produce living scientific documents:
    - Part I with recommendations/principles that could be used as an overarching framework for the use of

social media for PN
  - Part II as a "how to" guidebook with some case studies and best practices

What are the objectives and expected outcomes of the selected solution?
<u>Objectives</u> • To demonstrate the evidentiary basis for social media strategies in PN • To overcome barriers to implementation of social media (i.e., legal and privacy issues, IT support, ethical considerations, effective messaging, resources, lack of agreed upon policies/guidelines) • To share best practices through case studies • To accelerate progress/dissemination of innovative social media strategies for PN <u>Expected outcomes</u> • Provincial and territorial jurisdictions to develop appropriate guidelines/policies re: social media utilization for public health from the NCCID principles document • Adoption, adaptation, operationalization at local and regional levels
What are some specific elements that this solution should include in the production process and the final product?
<u>Production process</u> • We have gathered some of the scientific background and evidence behind it, but would benefit from creating an evidence synthesis document • Develop a guidebook with case studies of how other jurisdictions have done this (i.e. "best practices") – preferably Canadian wherever possible to identify most effective strategies • Examine the barriers and solutions with various partners (Licensing bodies, etc.) • Leverage partnerships at FPT levels and also at provincial/local/regional levels   o Important to have the chiefs and the DMs involved in this (buy-in) • Guidelines produced in consultation with representatives from local/regional/provincial/territorial levels (via existing structures/committees) • Develop competencies • Education and Training of frontline staff • Develop gold standards • Develop communication materials targeted to intended/specific audiences • Integrate into the STI guidelines (PHAC) • Evaluation and monitoring of the social media strategies for continuous quality improvement • Update the living document as needed <u>Final Product(s)</u> • The living document of overarching principles + the how to guidebook(NCCID) • The standards/guidelines for social media use in PH • Integration of social media strategies in PH
How should the solution be carried out? Who should be consulted/involved in the process?
• Noted above
How should the final product be disseminated?

• Develop communication materials targeted to intended/specific audiences
  o Online (NCCID, CPHA, PHAC, etc.)
  o PHAC (STI guidelines and ?training modules)

- Conferences and workshops (education and training)
- F/P/T committees - DMs of Health and CCMOH
- Public health schools, public health nursing, PHPM, etc.
- Social media?

GROUP #5

How do we partner with online dating/sex-seeking websites to build patient-initiated anonymous partner notification tool?

What are the objectives and expected outcomes of the selected solution?

Objectives
- Support cross-jurisdiction work related to PN in online spaces
- Have a cross-Canadian approach (multi-jurisdictional)
- Policy support
- Improve relationships between public health and dating/sex-seeking websites
- Support patient-initiated PN
- Decrease stigma (or at least don't increase it)
- Promote positive social norms about PN (perhaps rename it… in QC it is framed as 'preventive intervention to client and partners')

Expected outcomes
- Anonymous tool (which can be adapted for other sites)
- Policy/documentation support which can be shared across jurisdictions
- Collaborations (PH, CBOs, community, and private companies)

What are some specific elements that this solution should include in the production process and the final product?

Production process
- Need reference group at a national level to work collaboratively with the websites
- Develop general template policy/agreement to outline our approach, including reassurances around privacy/security/objectives
- List of websites
- List of materials/tools
- Gather research and best practice documents from other places where this work has already happened (inside Canada, and outside: Seattle, Kit Fairley in Australia)
  - inSPOT
  - Let them Know (?)- Australia
- Create a website (wiki?) where we can compile documents (grey/unpublished) from our jurisdictions across Canada (someone mentioned that NCCID already has this for other initiatives—e.g., HPV immunization and Aboriginal health—so can be expanded)
- Need to partner closely with CBOs to ensure the solutions are driven
- Echo comment from earlier that we need to identify $$ to support the tool and the websites
- Need to be frank about stigma attached to STI and acknowledge this when talking to website companies—how can we make sure this tool doesn't increase STI stigma (or even reduces stigma)

Final Product
- An ongoing tool (not only specific to one outbreak response)

- Helpful if the tool that's developed isn't JUST about PN but also education, testing, and other resources
  - Also important to address the issue of disclosure (especially related to HIV) because that is on people's mind when they think about PN
  - How, as part of our strategy, do we acknowledge where people are at with respect to PN? E.g., can we improve uptake of PN by helping people see that it improves their own health (by reducing risk of re-infection) and as well as the health of their partners and community (focus on health/wellness rather than illness/STI).
- Should be written in language that works for communities affected by STIBBI

How should the solution be carried out? Who should be consulted/involved in the process?

- Several jurisdictions at this meeting have existing relationships with some sites, including Squirt and Manhunt
- PHAC and NCCID (not necessarily to create the tool or liaise directly with websites but to help bring together the right partners across the country)
- CBOs or national NGOs (like CATIE)
- CPHA
- Provinces and local public health
- Clinics with innovative approaches to PN
- Website owners, administrators
- Experts in informatics (Google search, other online approaches)
- Communities affected by STIBBI

How should the final product be disseminated?

- Make sure the information about tools (new and old related to PN) are easily accessible to people who are looking for them (discussion about Google search and need to push out easy-to-use summary of tools to people searching for it)
- Work with CBOs

GROUP #6

Review the appropriateness of general PN for chlamydia and consider priority circumstances and populations for PN

Solution/Activity: Do PN for priority cases and evaluate (e.g. repeat infections, <25yrs, pregnant)

What are the objectives and expected outcomes of the selected solution?

Objectives

1) To potentially reduce sequelae, e.g. PID, epidydimo-orchitis, infant and vertical transmission, ectopic pregnancies, infertility
2) To help identify co-infection
3) To help identify high-risk populations in which we can intervene
4) To evaluate the effectiveness of CT PN, e.g randomized trials to different models, comparative studies,
5) To obtain data to optimize use of resources

Expected outcomes

1) Reduced negative sequelae of CT
2) Increased number of reported cases of co-infections
3) Increased intervention among high-priority populations
4) Effective use of existing resources while avoiding harm to the population
5) Increased ability to evaluate CT PHPN effectiveness

What are some specific elements that this solution should include in the production process and the final product?
Production process 1) Clarify what are priority groups and why using available evidence and not just convention. Why? Is it based on increased risk for sequelae or increased opportunity for counselling and potentially reduce spread? 2) Identify and define clearly stated indicators for measuring CT PHPN effectiveness 3) Updating lab requisitions to improve data obtained from labs (e.g indication for screening) to include information that help identity high-priority individuals given that they are a major contributor to CT data 4) Increase availability and access to screening and EPT for cases not prioritized for PN 5) Provide increased support for client/patient referral e.g provision of materials and how-to-guides to help notification 6) Recognize and accept that CT is a low priority STI in view of available data and resources should be prioritized accordingly Final Product 1) A list of criteria to guide jurisdictions in prioritizing CT PHPN 2) A list of indicators to measure effectiveness of CT PHPN 3) A decision as to whether Ct would move on to just being epi surveillance or would continue to require PN intervention
How should the solution be carried out? Who should be consulted/involved in the process?
1) PH departments at all levels (local/regional/provincial) 2) PH researchers in STBBIs 3) Community health front-line service providers
How should the final product be disseminated?
1) Incorporation into national guidelines (PHAC) 2) At provincial level

GROUP #7

Lack of specific provincial guidelines/performance standards/guidance on ethical and legal dilemmas
Solution / Activity: • Environmental Scan & Needs Assessment for Ethical and Legal Dilemmas on Partner Notification. • Survey on what are the ethical and legal dilemmas are and the resources that are currently available and a comparison of the two to identify gaps between the needs and the resources
What are the objectives and expected outcomes of the selected solution?
Objectives • Identify the ethical and legal dilemmas that public health staff is facing regarding partner notification • Identify currently available and applicable resources, provincial guidelines, professional standards and performance standards • To highlight the need for provincial guidelines that are specific to partner notification • Identify the gaps in what resources are available compared to the current needs • Assess the need for doing surveillance on the ethical and legal dilemmas. Should the survey be repeated and the results available in an online database • To identify performance standards that are not operationally feasible • To establish consistency between professional standards (e.g. Health Care providers) and provincial guidelines

Expected outcomes • Ethical and legal dilemmas concerning partner notification will be documented, as well as the available resources • Resources that are currently available will be shared and adapted between different jurisdictions • All provinces will have guidelines and professional standards within two years of the results of the environmental scan and needs assessment being distributed • Guidelines will be published online
What are some specific elements that this solution should include in the production process and the final product?

Production process
• Conduct an online survey on the ethical and legal dilemmas and current resources/standards/guidelines
  o Appoint a working group to design the survey and the format of the product
  o Include questions about both the ethical dilemmas and the resources available so that both the needs and current resources can be collected with the one project
  o Develop the questionnaire and pilot it to ensure it meets the objectives
  o Distribute the survey and analyze the results
 	
Final Product
• Survey results
  o Quantifying Ethical and legal dilemmas
  o List of available resources/guidelines/standards and which jurisdictions they are available in and applicable to
  o Proportion of staff in the respective jurisdictions that are aware of the guidelines, as well as how often they are used or referred to.
  o List of gaps/inconsistencies between dilemmas and resources/guidelines/standards

How should the solution be carried out? Who should be consulted/involved in the process?

• Working group of various stakeholders
  o Federal, Provincial, Regional public health authorities
  o Frontline workers
  o Researchers
  o Ethicists and Legal experts
• NCCID should coordinate conducting the survey and disseminating the information.

How should the final product be disseminated?
• Published online so that is readily accessible to stakeholders

Following a final lunch together and group discussion, the Knowledge Exchange Forum was concluded with final remarks from Dr. Joel Kettner. He began by thanking the participants for taking the time to contribute to this event as well as the NCCID staff for their work in developing the event. He also thanked the presenters who had prepared such valuable information that stimulated such great discussion and participation over the two days. In the course of this event there were two main themes: 1) What things we need to do more; and 2) What things could we do less. Now we need a plan that can ensure that existing public health resources and personnel are directed to what needs doing the most.

4. Next Steps

Next steps emerging from this Knowledge Exchange Forum are the following:

1) The evidence reviews presented at this Forum in draft will be completed and disseminated through NCCID.
2) The proceedings from this Forum will be sent to all participants for accuracy.
3) The advisory committee will work together to advise NCCID on the final report and the development of priorities for a work plan.
4) The work plan will include:
    a. Building on the issues described in this event and relating them to interpretation of the new federal guidelines (which were published after the report).
    b. Timelines
5) Participants form the Forum will be invited to work with the advisory committee and others to implement the work plan.

5. Forum Evaluation

Forty-three participants (83% of meeting attendees other than NCC staff) completed a written evaluation form at the end of the consultation. A blank evaluation form can be found in Appendix D. A compilation of the evaluation results is provided in Appendix E.

Overall, the respondents were very pleased with the event, with only 12/43 (27%) who did not agree or strongly agree that the correct mix of participants was present, the sequence of activities was appropriate their interest was sustained *and* there was sufficient opportunity connect with people (Table 1).

Table 1.

	% responses to the evaluation questions re: objectives		
Objectives	**Unhelpful**	**Neither helpful nor unhelpful**	**Helpful**
Provide participants with an overview of NCCID's STBBI Partner notification project and findings to date.	0	7%	93%
Provide participants with opportunities to exchange information and ideas on partner notification strategies that have been attempted in local public health jurisdictions.	1%	12%	87%
Identify ways to incorporate knowledge from research and local experience into policy and practice.	0	17%	83%
Identify knowledge gaps related to STBBI partner notification and ways to address them	0	18%	82%
Identify a potential role and next steps for NCCID to facilitate the improvement of STBBI partner notification programs in Canada.	0	12%	88%

Responses to specific questions asked regarding the consultation are summarized below:

- 91% of respondents agreed or strongly agreed that the sequence of activities during the consultation was appropriate.
- 80% agreed or strongly agreed that their interest was sustained throughout the consultation.
- 88% felt that the format of the plenary discussion was good or excellent.
- 95% agreed or strongly agreed that the correct mix of participants was present to fully discuss the issues.
- 95% agreed or strongly agreed that there was plenty of opportunity to connect with people that they can collaborate with.

Participants found the newest information available was in the session on mathematical modelling. The discussions were favourably evaluated, and NCCID was encouraged to take discussions further and deeper to really understand the underlying systemic influences.

APPENDIX A

Partner Notification for STBBI: Why, for whom and how?
Deciding on Useful Products and Tools for Public Health Practitioners
A Knowledge Exchange Forum on Partner Notification for STBBI in Canada

Delta Centre-Ville, Montréal, Québec
March 4-5, 2013

Agenda

Purpose

To provide a forum for information exchange and open discussion between public health practitioners and researchers on how current knowledge on STBBI partner notification could be incorporated into practice and how knowledge gaps could be addressed.

Objectives

- Provide participants with an overview of NCCID's STBBI partner notification project and findings to date
- Provide participants with opportunities to exchange information and ideas on partner notification strategies that have been attempted in local public health jurisdictions
- Identify ways to incorporate knowledge from research and local experience into policy and practice
- Identify knowledge gaps related to STBBI partner notification and ways to address them
- Identify a potential role and next steps for NCCID to facilitate the improvement of STBBI partner notification programs in Canada

Meeting Agenda

** The meeting will be conducted in English.*

Sunday Evening, March 3, 2013 – Pre-Meeting Reception

7:00 – 9:00 pm
Mezzanine, La Terrasse Room

Monday, March 4, 2013 – Day 1

Lobby Level, Verriere Rooms A and B

8:00 – 8:30	Registration and breakfast	
8:30 – 8:45	Housekeeping Quick round of introduction	Anneliese Poetz
8:45 – 9:00	Welcome remarks and introduction • NCCID overview • Meeting objectives	Joel Kettner
9:00 – 9:15	Presentation: NCCID STBBI partner notification project overview	Eve Cheuk
9:15 – 10:05	<u>Presentation: Literature reviews</u> (15 min presentation + 10 min Q&A per presenter) 1. Partner notification in North America – A historical account 2. Partner notification for chlamydia	 Omobola Sobanjo Pamela Leece
10:05 – 10:20	Break	

10:20 – 11:10	Presentation: Literature reviews (Continued) (15 min presentation + 10 min Q&A per presenter) 3. Partner notification for HIV 4. New technologies for partner notification	 Nicole Findlay Mayank Singal
11:10 – 12:00	Presentation: STI mathematical modeling (30 min presentation + 20 min Q&A) Agent-based modeling of *Chlamydia trachomatis* transmission in a Canadian subpopulation	Ashleigh Tuite
12:00 – 1:00	Lunch	
1:00 – 2:45	Round table: Partner notification practice in individual provinces and territories (~5 minutes per province/territory/region) • How does your jurisdiction prioritize STBBI for resource allocation? • For which STBBI is partner notification performed? • What does your jurisdiction do for partner notification for chlamydia? • Are all three forms of partner notification (i.e. provider-, contract- and client-referral) performed? • Who conducts provider- and contract-referral? • What is a success story of STBBI partner notification in your jurisdiction? • What is the top problem related to STBBI partner notification that your jurisdiction has to deal with? • How does your jurisdiction resolve this problem? • What does your jurisdiction need to improve the practice of partner notification? • Does your jurisdiction have guidelines or standards for conducting partner notification? What are they?	All
2:45 – 3:00	Break	
3:00 – 4:15	Plenary discussion: Other problems related to the current practice of STBBI partner notification • What are some other problems related to the current practice of STBBI partner notification that have not been mentioned?	All
4:15 – 4:30	Day 1 wrap-up	Joel Kettner

Tuesday, March 5, 2013 – Day 2

Lobby Level, Verriere Rooms A and B

8:00 – 8:30	Registration and breakfast	
8:30 – 8:35	Housekeeping	Anneliese Poetz
8:35 – 9:00	Prioritization exercise	All
9:00 – 9:15	Day 1 Recap • What have we learned from the NCCID partner notification project so far? • What are the major problems identified on Day 1?	Eve Cheuk
9:15 – 10:15	Plenary discussion: Where do we go from here? • Does current knowledge address the problems identified on Day 1? • What else do we need to know? What are some specific areas that require further research?	All

	• Given what we do know, how can knowledge be practically applied to practice? How can NCCID facilitate this process? (At the end of this session, participants will be asked to focus on 3 solutions that could help incorporate knowledge into the practice of partner notification. These solutions will be the focal points for discussion during the breakout exercise after the morning break. Participants should select solutions which NCCID could potentially play a role.)	
10:15 – 10:30	Break	
10:30 – 11:45	<u>Breakout session: What are the important elements that should be included in the identified solutions?</u> • What are the objectives and expected outcomes of the selected solutions? • What are some specific elements that these solutions should include in the production process and the final products? • How should the solutions be carried out? Who should be consulted/involved in the process? • How should the final products be disseminated?	All
11:45 – 12:45	Lunch	
12:45 – 1:50	Report back and final discussion	All
1:50 – 2:00	Wrap-up	Joel Kettner

APPENDIX B – Participant List

	Organization	Name	Job Title
NL	Eastern Health St. John's, Newfoundland	Andrea Doyle	Communicable Disease Control Nurse
NU	Department of Health and Social Services, Nunavut	Barb Beattie	Communicable Disease Coordinator
QC	Ministère de la Santé et des Services sociaux	Claude Laberge	Médecin conseil
		Evelyn Fleury	Sexologue
		Sylvie Venne	Médecin conseil
		Marie-Carole Toussaint	Nurse, Partner Notification Trainer
		Horacio Arruda	CMOH, PHNC-CIDSC P/T Co-Chair
	Agence de la santé et des services sociaux de Montréal	Genevieve Boily	Clinical Nurse
		Patricia Hudson	Manager, Infectious Disease Team
	Université de Montréal	Joseph Niyibizi	Student
	Institut national de santé publique du Québec	Marc Steben	Médecin conseil
		Marie-Claude Drouin	
		Elizabeth Parenteau	
NB	Horizon Health Network	Karen Wilson	Communicable Disease Program Coordinator
	Department of Health New Brunswick	Noortje Kunnen	Senior Program Advisor
		Scott Giffin	MOH – South Region
		Celine Couturier	Senior Program Advisor
SK	Saskatoon Health Region	Johnmark Opondo	Deputy Medical Health Officer, Public Health
	Regina Qu'Appelle Regional Health Authority	Kathy Lloyd	Manager, Communicable Health Disease Prevention and Control Program
	Ministry of Health Saskatchewan	Lisa Haubrich	Communicable Disease Consultant
NS	Capital District Health Authority Halifax, Nova Scotia	Kathy Penny	Team Leader, Communicable Disease Prevention and Control Program
NS	Department of Health and Wellness Nova Scotia	Teri Cole	Coordinator, Communicable Disease Prevention & Control
	Peel Region Public Health	Adele Lane	Manager, Health Sexuality Program
		Celine Couturier	Senior Program Advisor
		Monica Hau	Associate Medical Officer of Health

	Organization	Name	Title
ON	University of Toronto	Ashleigh Tuite	Researcher
		David Fisman	Associate Professor
	McMaster University	Hovhannisyan Gayane	Resident, McMaster University Public Health and Preventive Medicine
	Ottawa Public Health	Gila Metz	Medical Director, Sexual Health and Case Management Team
	Public Health Ontario	Jennifer Pritchard	Nurse Consultant, Communicable Diseases Unit
	York Region Public Health	Lilian Yuan	Associate MOH
	University of Toronto	Nicole Findlay	MPH Epidemiology Student
	McGill University	Omobola Sobanjo	Medical Resident
	Toronto Public Health	Pamela Leece	Medical Resident
		Rita Shahin	Associate MOH
	Middlesex London Health Unit	Stacy Manzerolle	Acting Manager, Sexual Health Services
NT	Department of Health and Social Services, Northwest Territories	Myrna Matheson	Communicable Disease, Population Health Division
BC	Fraser Health Authority	Amrit Rai	Manager, STI and BBP
		Victoria Lee	MOH
	Vancouver Island Health Authority	Audrey Shaw	Manager, Communicable Disease Program
	British Columbia Centre for Disease Control	Melanie Achen	Manager, Clinical Services
		Travis Salway Hottes	Epidemiologist, STI/HIV Surveillance & Online Sexual Health Services
	Vancouver Coastal Health	Reka Gustafson	Medical Health Officer Vancouver and Medical Director Communicable Disease Control
AB	Alberta Health Services Northern Alberta	Barbara Anderson	Manager
	Alberta Health Services Calgary Zone	Coleen Roy	Manager, STI Services
	University of Alberta	Mayank Singal	Medical Resident
MB	Winnipeg Regional Health Authority	Kim Bailey	Team Manager
		Shelley Marshall	Communicable Disease Coordinator, WRHA
	Manitoba Health	Soliman Guirgis	Policy Analyst, Communicable Disease Control

	Organization	Name	Title
Federal	Public Health Agency of Canada	Margaret Gale-Rowe	Manager, Professional Guidelines and Public Health Practice Division
		Rainer Engelhardt	Assistant Deputy Minister, PHNC-CIDSC Federal Co-Chair, Infectious Disease Prevention and Control Branch
	First Nations and Inuit Health Branch Health Canada	Chloe Healy	Communicable Disease Control Coordinator, QC Region
National	NCC Infectious Disease	Joel Kettner	Scientific Director
		Pamela Gareau	Project Officer
		Anneliese Poetz	Project Manager
		Eve Cheuk	Project Manager
	Canadian AIDS Treatment Information Exchange (CATIE)	Christine Johnson	Manager, Community Preventions Program
		Laurie Edmiston	Executive Director
	Canadian Public Health Association	Greg Penney	Director, National Programs

APPENDIX C

Partner Notification for STBBI: Why, for whom and how?
Deciding on Useful Products and Tools for Public Health Practitioners
A Knowledge Exchange Forum on Partner Notification for STBBI in Canada
March 4-5, 2013 | Montreal, Quebec

Roundtable: Partner notification practice in individual provinces/territories/local regions

Jurisdiction:	Provincial / Territorial / Local (Circle one)
Name of jurisdiction:	
1. How does your jurisdiction prioritize STBBI for resource allocation?	
2. For which STBBI is partner notification performed? (List in order of priority)	
3. What does your jurisdiction do for partner notification for chlamydia?	
4. Are all three forms of partner notification (i.e. provider-, contract- and client-referral) performed?	
5. Who conducts provider- and contract-referral?	
6. What is a success story of STBBI partner notification in your jurisdiction?	
7. What is the top problem related to STBBI partner notification that your jurisdiction has to deal with?	
8. How does your jurisdiction resolve this problem?	
9. What does your jurisdiction need to improve the practice of partner notification?	
10. Does your jurisdiction have guidelines or standards for conducting partner notification? What are they? (Please provide links to resources if available.)	

APPENDIX D – Evaluation Form

Partner Notification for STBBI: Why, for whom and how?
Deciding on Useful Products and Tools for Public Health Practitioners
A Knowledge Exchange Forum on Partner Notification for STBBI in Canada

Delta Centre-Ville, Montréal, Québec
March 4-5, 2013

Meeting Evaluation Form

1.	To what extent did you find these actvities helpful for achieving the objectives of the meeting?	**Unhelpful**	**Neither helpful nor unhelpful**	**Helpful**
	Objective #1 Provide participants with an overview of NCCID's STBBI partner notification project and findings to date			
	Activities [Day 1]			
	• NCCID STBBI partner notification project overview (Eve Cheuk)	1	2	3
	• Literature reviews (Omobola Sobanjo, Pamela Leece, Nicole Findlay, Mayank Singal)	1	2	3
	• STI mathematical modeling (Ashleigh Tuite)	1	2	3
	Objective #2 Provide participants with opportunities to exchange information and ideas on partner notification strategies that have been attempted in local public health jurisdictions			
	Activities [Day 1]			
	• Round table: Partner notification practice in individual provinces and territories (All)	1	2	3
	• Plenary discussion: Other problems related to the current practice of STBBI partner notification (All)	1	2	3
	Objective #3 Identify ways to incorporate knowledge from research and local experience into policy and practice			
	Activities [Day 2]			
	• Recap (Eve Cheuk)	1	2	3
	• Plenary discussion: Where do we go from here? (All)	1	2	3
	• Breakout session: What are the important elements that should be included in the identified solutions? (All)	1	2	3

	(*Question 1 - continued)*	**Unhelpful**	**Neither helpful nor unhelpful**	**Helpful**
	Objective #4 Identify knowledge gaps related to STBBI partner notification and ways to address them			

	Activities			
	• [Day 1] Plenary discussion: Other problems related to the current practice of STBBI partner notification (All)	1	2	3
	• [Day 2] Plenary discussion: Where do we go from here? (All)	1	2	3
	• [Day 2] Breakout session: What are the important elements that should be included in the identified solutions? (All)	1	2	3
	Objective #5 Identify a potential role and next steps for NCCID to facilitate the improvement of STBBI partner notification programs in Canada			
	Activity [Day 2]			
	• Breakout session: What are the important elements that should be included in the identified solutions? (All)	1	2	3

2.	Comments on particular sessions or for particular presenters:

3.	Please rate your level of agreement with the following statements.	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
	The correct mix of participants was present to fully discuss the issues.	1	2	3	4	5
	The sequence of activities was appropriate for this meeting.	1	2	3	4	5
	My interest was sustained throughout the meeting.	1	2	3	4	5
	There was plenty of opportunity to connect with people that I can collaborate with.	1	2	3	4	5

4.	Please rate the following items.	**Very poor**	**Poor**	**Adequate**	**Good**	**Excellent**
	Meeting location	1	2	3	4	5
	Meeting facilities	1	2	3	4	5
	Duration of workshop	1	2	3	4	5
	Format of presentation sessions	1	2	3	4	5
	Format of round table	1	2	3	4	5

	Format of plenary discussions	1	2	3	4	5
	Format of breakout session	1	2	3	4	5

5. What was the most valuable aspect of this meeting?

6. What was the least valuable aspect of this meeting?

7. How could this meeting be improved?

8. Other comments and suggestions:

9. Overall, how would you rate this meeting?

Very Poor	Poor	Adequate	Good	Excellent

10. Specific comments for the facilitator, Anneliese Poetz:

Thank You for completing this evaluation form!
It will help us improve the design and execution of future NCCID meetings.

APPENDIX E – Compilation of Results from Meeting Evaluation Forms

Question 1. To what extent did you find these activities helpful for achieving the objectives of the meeting?

		Unhelpful		Neither helpful nor unhelpful		Helpful	
		n	%	n	%	n	%
Objective #1 Provide participants with an overview of NCCID's STBBI partner notification project and findings to date	NCCID STBBI partner notification project overview (N=41)	0		5	12%	36	88 %
	Literature reviews (N=41)	0		2	5%	39	95 %
	STI mathematical modeling (N=41)	0		3	7%	38	93 %
Objective #2 Provide participants with opportunities to exchange information and ideas on partner notification strategies that have been attempted in local public health jurisdictions	Round table (N=42)	0		6	14%	36	86 %
	Plenary 1 (N=42)	1	2%	4	10%	37	88 %
Objective #3 Identify ways to incorporate knowledge from research and local experience into policy and practice	Recap (N=40)	0		6	15%	34	85 %
	Plenary 2 (N=42)	0		11	26%	29	69 %
	Breakout session (N=42)	0		6	14%	36	86 %
Objective #4 Identify knowledge gaps related to STBBI partner notification and ways to address them	Plenary 1 (N=42)	1	2%	10	24%	31	74 %
	Plenary 2 (N=42)	0		9	21%	33	79 %
	Breakout session(N=42)	0		3	7%	39	93 %
Objective #5 Identify a potential role and next steps for NCCID to facilitate the improvement of STBBI partner notification programs in Canada	Breakout session (N=42)	0		3	7%	39	93 %

Question 2: Comments on particular sessions or for particular presenters:

The modeling presentation was excellent & I think it helped stimulate discussion throughout the meeting (e.g., re: decisions to re-examine PN Practice for CT)

The report back from breakout was hard to follow & impossible to record results from groups - could you email the results from the different tables to us?

Thanks to N Findlay: nice LR, very helpful

All presentations were mostly review of what is known. Not any new information (except mathematical model - this was all new). However, still helpful in the manner it was collated and presented.

Important d'avoir rue les documents et presentations cerant la reuantre

It sometimes missed higher level of organization or structure to group discussions to allow it to go to the next level

The breadth of the issue discussed was a bit overwhelming to me but that may be a necessary component of a process like this.

Day 1 AM presentations on mathematical modeling helpful - other presentations less useful.
Some of the plenary discussions (particularly day 1 p.m.) were not as useful as they were to general, covered issues we have discussed before in various forms. Hart to move forward in a large diverse group.
Good Exchanges
Presentations were appropriate to the topic at hand. Good presenters, appropriate amount of time to present, god discussions & questions answered following.
Last session - Day 2 - was very useful, participatory engaging.
visibility of screen could be better
Would suggest different techniques to guide discussions - open space - work café.
PN reviews presentation - were short and up to the point. Round table - very interesting, good networking tool. Breakout session - very good, an opportunity for more people to contribute. Plenary discussion - a bit too long. Some people come back to the mic.
I found the sessions informative & engaging. I learnt a lot about practices in different jurisdictions.
There was a great deal of experience & knowledge in the room. Tapping into this knowledge & experience has the ability to move along a continuum that reflects "best practices" for the populations(s) which PN's need to engage with.

Question 3: Please rate your level of agreement with the following statements

N = 43	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%	n	%
The correct mix of participants was present to fully discuss the issues.	0		1	2%	1	2%	28	65%	13	30%
The sequence of activities was appropriate for this meeting.	0		2	5%	3	7%	31	23%	7	16%
My interest was sustained throughout the meeting.	0		1	2%	8	19%	26	60%	8	19%
There was plenty of opportunity to connect with people that I can collaborate with.	0		1	2%	1	2%	24	56%	17	40%

Part 4: Please rate the following items

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%	n	%
Meeting location. N=43	0		0		2	2%	19	44%	22	51%
Meeting facilities N= 43	0		0		5	12%	17	40%	21	49%
Duration of workshop N=42	0		0		5	12%	19	45%	18	43%
Format of presentation session N=43	0		2	5%	4	9%	22	51%	15	35%
Format of round table N=41	0		2	5%	4	10%	22	54%	13	32%
Format of plenary discussions N=42	0		1	2%	6	14%	22	52%	13	31%
Format of breakout sessions N=43	0		1	2%	3	7%	22	51%	13	30%

Part 5. What was the most valuable aspect of this meeting?

Networking opportunities and lit review updates
Networking, priority setting modeling results
Hearing what is happening in the other provinces, meeting colleagues, I liked getting the responses to the table top exercise in our package
Presentation from the lit reviews, Day 1 large group discussion
The opportunity to learn from others' experiences, documents, strategies
The amount of time allowed for discussion was excellent. I have never attended a meeting before that had so much participation and discussion. It was really interesting and informative.
Focus on STBBI with cross country, cross jurisdictional representation.
Knowledge exchange learning ability common challenges & possible strategies. E.g. social media, possible change to the/any PN
Hearing from the numerous brilliant minds about this engaging topic
Networking, literature review on HIV PN
Learning partners from other provinces, regions. The process of prioritizing the activity for the breakout session.
Opportunities for discussions. Working through an activity to address a challenge. Being able to prioritize areas to focus on.
Confirmation that we are all facing the same challenges. Consensus that PH programs should be supported in decision to reorient services to programs that are evidenced. Dot-mocracy also very helpful way to prioritize among a diverse group.
Networking opportunity
Break out sessions. Sharing procedures from each jurisdiction.
Networking
Mix of participants
Plenier et breakout sessions de la le journee
Not too much people, allowing for open discussion
General discussion/networking
Networking and interaction with colleagues from across the country
Opportunity to discuss PN practices among jurisdictions across Canada. Realization that many of challenges we face are universal across Canada & formulation of potential next steps.
Networking
Review of current practice for PN in various provinces and territories in Canada. Review of literature for PN for..
Presentations especially modeling and new technologies review. Networking fact to face also appreciated
Presentation and the discussions to come up with the next steps so that we can make progress
Mix of summary information / sharing practice experience/discussion
Networking, 5 lit reviews/modeling presentations.
Networking
Environmental scan document of the PN practices/ strategies – valuable document
Discussion following presentations, round table work, informal networking. There is a significant variation across Canada to case/ contact
Meeting connections with others from various jurisdictions (different roles)
Excellent & informative platform for knowledge & experience sharing. I learned a lot about PN subject challenges, strategies & innovation in this field
Networking
Getting other perspectives of the issues
Hear about experience and ideas in other jurisdictions. Literature reviews were very interesting
Networking, sharing
The quality/variety (diversity) of participants. The ability to keep to time & schedule and still have great participation.

Sharing with other jurisdictions the old and frustrations regarding appropriate PN interventions
Hearing what other s areas of the country are doing in relation to PN. Networking.
Networking and the presentations that provide background & insight to the discussions. Participatory activities
Perspectives for all provinces, many jurisdictions. Great learning experience as I am new to my psotions as acting program manager sexual health.

Part 6: What was the least valuable aspect of this meeting?

Confusing re chlamydia - I think I heard the evidence suggests PN is ineffective but still confused if it is or not
Food: when breakfast is provided it would be nice to have protein & fruit - healthier options for snacks - we are Public Health after all. For general - like to discuss each disease separately. Prioritize
facilitated discussion on day 1 I felt that the facilitation was tied to policy, the disccusion to meet the outlined issues instead
For some aspects the time required was overestimated but facilitators appeared to attempt to stretch the topic. Would have been better to move on so interest/engagement maintained.
When the "boss" try to change the activity at last minute. Please let your employee do their job: they know what they are doing.
It seems we are having the same discussions, asking the same questions that we did at the ISSTDR, PHAC symposium in 2011 - We need to move on.
Final round table somewhat rushed.
Avoir le lunch dans le meme salle,
I think the wrap-up after the breakout session went on a bit long. 2-3 of final 7 priorities could potentially have been condensed as there was significant overlap
Presentations in AM Day 1 - mostly background, known info. Did not greatly contribute to a knowledge exchange.
Although discussion was very informative, there was one question re: PN for CT that felt relevant for jurisdictions to discuss in order to determine next steps for PN. A position statement may be needed.
The groups discussions could have been shortened & streamlined, the became more repetitive
The recap/wrap-up at the end of the first day - it didn't really give any new info on summarize/distill previous information. Not sure how helpful/needed it was.
Difficult to distill ideas from group into focused areas for moving forward. Difference in perspectives/ approaches due to local contexts - hard to generalize.
Day 1 pm plenary
Being in Montreal, so close to work
Would have been helpful to know where focus was going to be placed - seemed to focus on Chlam. PN but meeting was for STBBI PN.
? Found everything valuable.
More time for sharing provincial experiences and challenges. More time for working group to come up with more ideas & operational activities.
Too many discussions
Everything was useful
Some people tended to go around in circles, repeating already finished issues.
A tiny bit too long. Could have been wrapped up a little quicker.

Part 7: How could this meeting be improved?

Perhaps little more time spent with each ?/T, agency discussing their answers to the survey questions.
Arrange for presentations from various jurisdictions so we can more formally hear what is being done in other provinces/territories

Add another full day – establishing working groups to work on these areas.
More solution focused and less barrier / problem focused
Less questions for the round table more syntheses
Quickly move on to addressing the challenges identified. There seemed to be a number of times we were listening to recaps.
2 screens on which to view the powerpoint presentation
Literature exists about priority in PN - For example Golden. It's the basis for discussion about OT PH.
Would prefer hand out of presentation and time of meeting to facilitate note taking.
Increase number of front line staff who can easily identify challenges with PN
More opportunity to network. More evidence presented building on PN work that may have been done already.
More opportunity to network. Talk about workload issues and stress due to these issues
More concrete take-aways would be nice
Higher level of structure in the open activities (Not losing too much time on technicalities).
More networking opportunities
Panel or experts, researchers, policy workers for discussion and brainstorming would better support the KE format.
Need more participants at different level s of practices
It would have been good to have federal public health represented
Perhaps recruit audience members to help pup summaries (benefits of specific background/practice knowledge)
International presenters/view
Invite a few experts in PN eg. Matthew Golden - yes, American but still great feeback/ input. Breakout sessions could have been conducted on day one when attention and attendance is at a peak.
Include laboratory folks and I.T. folks. There is a Canada wide STI goup of public health at local (provincial?) levels that have telemeetings. Could have had this group have a face to face meeting while live as many of us are on that group too. Hart to meet in person due to costs.
More interaction on working group level. Provide link to resrouces and material.
A little more time.
Focus on other STIs than Chlamydia
Different techniques to guide discssuon. Less open discussion/
Keep having a good mix at all levels
This consultation was well conducted and thank you for your hard work.
Powerpoint notes – hard copies ahead of time to make notes as presetnationaare going on . More..

8. Other comments and suggestions

Thank you for the opportunity to attend.
Creating a table of the dots we've graded from the pre-meeting exercise
Thank you for all the good work.
A well-organized and thought-provoking meeting. Thank you.
I found the event worthwhile overall.
Share the guidelines and tools of every province.
It would be interesting to have the final reports of the PN interviews done in this project
NCCID could have a web-based grey literature depository for evaluations of PN models and relevant guidelines on a go-forward basis.
Healthier options for breakfast, i.e. fruit, cereal, bagels, yogurt, etc.
Thank you for the USB and presentation. Thank you for your leadership and opportunity to bring us all together
Good idea to share information with USB key
In general this type of KE is really for NCCID to develop its agenda. It may have more value for participants if

KE was set up to be more sharing of practices, policies.
Need more CBOs as well as CATIE.
Great interactive to help with PN activities across country. Evidence, legislation, environmental scan of practices. Hard to know how to proceed. Lots of work/thinking to do.
I hope to see some of this work move forward in the near future.
Keep up the great job.
MOH's not always the most suitable rep to have at these meetings. Would be ideal to have an A/MOH plus 1 staff member - either program manager or supervisor level to attend. Perhaps offer less expenses covered by NCCID to be able to accommodate travel & hotel costs for 2 reps/ health unit/ region.
Thank you for the opportunity to meet in person. Well planned event. Everything ran on time. (Hotel good, friendly service) Time well spent.
Follow-up on the outcomes of this meeting. Establish a follow-up working group to follow-up and keep the momentum of
Provide breaks in a separate room Preparation for breaks were interfering with the presentations
Breakfast should be more healthy (fruits, whole grains).
Great meeting thanks for the opportunity to participate.
Would have preferred to have more consultation s around transportation arrangements. I am sure this was challenging,
Great food. Thanks for the USB stick with materials.

9. Overall, how would you rate this meeting?

Adequate - 2	Good 21	Very Good – 1	Excellent- 14

10. Specific comments for the facilitator, Anneliese Poetz

Great job Anneliese, good time keeper
Some of the sessions felt as though the discussion was stretched to make sure that we followed the timeline, which made the conversation stale & repetitive (day 1 afternoon), many felt could have been significantly shorter, Overall well done.
Thank you
Excellent job keeping people on time and the conversation moving.
Good work Anneliese. A timed schedule is a valuable tool but I think it is a good skill in a faciitator to thingk on their feet allowing for flexibility. I found sometimes we could have moved on & we didn't as there was time left in the predetermined schedule. Once we moved on when a few more minutes would have been useful.
You did a great job keeping everyone on track & leading the discussions
Nice job
Excellent job
Very good at managing time. Thank you, kept the agenda on task and target
Anneliese is great, as is Eve. Great at facilitation and re-direction when necessary. Very difficult to remain present for such a long time.
Thanks for keeping on time and moving speeches along.
Great job
Thank you.
Well done. I appreciated that everything ran on time.
Personal & welcoming approach is/was a great asset. Timing of session felt a bit restrictive (sometimes rant of time for discussion.
Wonderful at time keeping
Amazing organizational skills. Responsive to participants' suggestions.
Excellent facilitator, kept us on topic an on time.
Keep up the great job.
Appreciated excellent time keeping and adherence to the agenda.

Good Work. Last thoughts: AT this point Chlamydia cases / contacts are under provincial Public Health Acts that specify follow up must be done. Strong evidence required to make any changes. Ethical concerns/ federal concerns. Persons with chlamydia & their sexual partners are by description at higher risk for other STI's including HIV, than the ?"average". In some communities, i.e. rural & remote was, the data from New York & UK may be less relevant in looking for approaches/ comparing approaches. Likely better for Toronto, Montreal, Vancouver. Some of the higher risk persons are very poor & have no access to computers - they will not use for notifying partners. May do have texting capacity - need to use both. Infected persons are often NOT motivated/ willing to do PN beyond maybe 1 partner. Nor are many testing physicians. So a "population" approach would be very good to mediate this.

Good job

You are very seasoned facilitator and did a great job. Thank you.

Job well done. Kept everyone on track and on time. Try to summarize what has been said.

Facilitation well done – time well kept.

She did a great job of facilitating and keeping us on track.

Great job of facilitation, keeping things on time and ..

You kept us on task, that was/ is the role of a facilitator. You could use a tool to capture participants attention when bringing the group to order. i.e. maybe a specific "tune" that could be played - more likely to bring attention to the group & gain their co-operation & attention. I had this happen in a group I participated in - it seemed to work well. Takes some stress off how to gain the audience attention.